# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2008**
**Secretary of State**

DOCUMENT# N07000009246

**Entity Name:** U.P.A.C. BOOSTER, INC.

**Current Principal Place of Business:**

640 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

**New Principal Place of Business:**

**Current Mailing Address:**

640 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

**New Mailing Address:**

**FEI Number: 32-0215238** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACCULLO, TODD
640 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: FULLINGTON, CHERYL
Address: 1331 BIRCHCREST BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete
Name: FOLEY, DAWN
Address: 23388 SUPERIOR AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: T ( ) Delete
Name: CARTER, SHERYL
Address: 7166 GURLEY COURT
City-St-Zip: NORTH PORT, FL 34287

Title: S ( ) Delete
Name: DOHERTY, LISA
Address: 5690 SOUTH SALFORD BLVD.
City-St-Zip: NORTH PORT, FL 34287

Title: AS ( ) Delete
Name: DINKA, RHONDA
Address: 1331 PINEBROOK WAY
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL CARTER T 04/18/2008

Electronic Signature of Signing Officer or Director — Date